2013 OFFICEHOLDER FINANCIAL DISCLOSURE OR CONFLICT OF INTEREST

for the office of Utal State Bd of Education District 15

Primary employer name	
	Received
None	Hecelvoa
Primary employer address	JAN - 7 2013
_	JAN 7 2010
Brief description of employment	Greg Bell
and description of supposition	Lieutenant Governor
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Occupation and job title, if applicable	
homemaker	
Name of entity owned	
2.011	
BC Rentals	
Brief description of the type of business or activity conducted by the entity owned	
Brental units	
Filer's position in the entity	
Co-owner	
Coowner	
Name of each entity that has paid \$5,000 or more in income to the filer w	
before the date of the disclosure form	dum the one-year period ending immediately
bototo ino unito or the abbliquito roun	
Brief description of the type of business or activity conducted by the entity described in the previous section	
Name of organization or entity for which the filer serves on the board of directors or in any other type of formal advisory capacity	
Сарасну	
L	

^{*&}quot;Entity" means a corporation, a partnership, a limited liability company, a limited partnership, a sole proprietorship, an association, a cooperative, a trust, an organization, a joint venture, a governmental entity, an unincorporated organization, or any other legal entity, whether established primarily for the purpose of gain or economic profit or not.

Brief description of the type of business or activity conducted by the entity described in the previous section
Report Pro-
Type of position held by the filer within the organization or entity described in the two previous sections
**Account of the Control of the Cont
(Optional) Real property in which the filer holds an ownership or other financial interest that the filer believes may
constitute a conflict of interest
Description of the real property named in the previous section
Description of the type of interest held by the filer in the property described in the two previous sections
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Name of filer's spouse and any other adult residing in the filer's household that is not related by blood or marriage, as
applicable
Robert D Corry
Brief description of employment of the filer's spouse and any other adult residing in the filer's household that is not related by blood or marriage, as applicable
retired
100000
Occupation of filer's spouse and any other adult residing in the filer's household that is not related by blood or marriage, as
applicable refired physician
TETITE PHYSICIAN
(Optional) Description of any other matter or interest that the filer believes may constitute a conflict of interest
None
None

I believe this form is true and accurate to the best of my knowledge.

(Signature of filer)

(Date)

Utah Code §76-8-109 requires that state constitutional officers and members of the State Board of Education return this form to the Lieutenant Governor by January 10th of each year. The form can be returned in person, by mail, fax or email.

Physical Address

Office of the Lieutenant Governor Utah State Capitol Suite 220 350 North State Street Salt Lake City, UT 84114

Phone: (801) 538-1041 Fax: (801) 538-1133 Email: elections@utah.gov **Mailing Address**

Office of the Lieutenant Governor Utah State Capitol P.O. Box 142325 Salt Lake City, UT 84114